

# Nipple Shield

Self-Learning Module

Southern Health – Santé Sud  
2017



## **Nipple Shield Self Study**

### **Learning Objectives**

The learner will be able to:

- List indications for the use of a nipple shield
- List risks and complications of nipple shield use
- State how to measure and apply the shield properly
- Identify who should initiate the shield and develop a plan that works for the family including follow-up

## Introduction

The majority of healthy term infants have the ability to latch and breastfeed well despite variation in maternal nipple anatomy. There are a variety of different nipples. It is important to not make any comments or statements to a mother about the type or the suitability of her nipples for breastfeeding, as these can negatively affect her sense of breastfeeding self-efficacy. Labeling a nipple as flat or inverted can similarly have negative effects on a mother's confidence in her breastfeeding abilities.

*“One of the most common causes of babies’ refusing to latch is forcing the baby to the breast when they are not ready to feed.” (Dr. Jack Newman)*

When a baby is unable to latch it is important to explore the possible factors contributing to the difficulty in latching or maintaining a latch. Factors to explore with the dyad are:

- breastfeeding self-efficacy – mom's confidence and comfort around breastfeeding (Toronto Protocol #1)
- breastfeeding history – past and present experiences
- baby's oral anatomy
- birth intervention – mom and/or baby

\*For more information refer to Toronto Protocol #9 – Breast Refusal or Difficulty Achieving or Maintaining a Latch

The care provider should include the mother in the decision-making process. The overall goal is to offer an individualized plan which will lead to continued breastfeeding.

*Nipple shields should not be the first strategy attempted to manage sore nipples and they should be initiated by a health care provider who has the breastfeeding expertise to thoroughly assess the potential effectiveness and risks of use for that breastfeeding dyad. The practitioner is also responsible for establishing a plan with the mother for the ongoing management and evaluation of the intervention. Practitioners who do not have the capacity i.e., lactation experience or time, to continue to support the breastfeeding dyad appropriately should refer the mother to a lactation expert or breastfeeding clinic. The baby's weight gain and the mother's milk supply need to be monitored closely. There must be a comprehensive plan that includes periodic reassessment of the infant's intake of breast milk, plus a plan for re-establishment of feeding at the mother's breast. (Toronto Breastfeeding Protocol #4 page 44)*

## **What is it?**

A nipple shield is a flexible silicone nipple worn over mom's nipple while feeding.

## **What are the potential risks and complications?**

It is essential that the Southern Health Breastfeeding Care Plan be implemented in any situation where there are postpartum breastfeeding challenges. Here are some risks associated with nipple shield use:

- In the first days after birth, moms and babies benefit from time to connect and recover. Babies begin to use their neuromuscular abilities to latch. The introduction of a nipple shield at this time can interfere with this process.
- Imprinting in babies is oral/tactile and when they become exposed to artificial nipples in their mouths at an early age they may have difficulty replacing it with their mother's nipple.
- Nipple shields may decrease milk transfer by 25%.
- Nipple shields may put pressure on milk ducts and cause plugged ducts or mastitis.
- Nipple shields do not correct an inadequate latch.
- A nipple shield requires cleaning and extra steps at every feed.

## **What are the indications?**

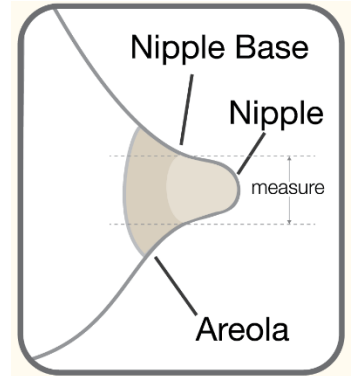
When assessing if a shield is appropriate for the dyad, include the mother in the decision making process and the plan. Some indications for the use of a shield are:

- returning baby to breast after bottles and/or pacifiers have altered baby's expectations
- maintaining breastfeeding, along with providing the mother a sense of accomplishment
- supporting baby's interest in and comfort at the breast
- temporary use of a shield may provide pain relief to continue breastfeeding with traumatized nipples if the cause is not a shallow latch
- use of a nipple shield for some preterm babies:
  - may improve milk intake at breast and decrease need for supplementation
  - the nipple shield can compensate for immature feeding behaviors such as short ineffective sucking bursts and falling asleep immediately after being positioned at the breast
  - the nipple shield may compensate for weak intraoral suction pressures

## Why is the correct fit of a nipple shield important?

The correct fit is very important to prevent pinching of the nipple and compression of the milk ducts.

- Nipple shields come in three sizes (16, 20 and 24 mm), measured across the base of the nipple
- When nipple shield is too large:
  - the nipple shield will cause the baby to choke on it and the baby will not effectively feed, which can lead to a nipple aversion making the baby not want to breastfeed.
  - the baby will not take in enough of the breast tissue, causing a decrease in milk transfer and a reduction in milk supply.
- When the nipple shield is too small:
  - it may not stimulate active sucking, causing a decrease in milk transfer and reduction in milk supply
  - the shield can interfere with milk flow and traumatize nipple tissue



## How is it applied properly?

It is essential that mothers be taught how to use the shield effectively

1. Turn the shield almost completely inside out, so that the tip is still in the right position but the sides are folded up around it
2. Moisten the side that goes against the breast to help the shield stay in place
3. Centre the tip over the nipple and smooth the rim against the breast
4. Wiggle the nipple section to pop it out, by using a series of small rotations while holding the tip of the shield
5. Note: If the infant is latched onto the shield properly, each suck will show visible movement in the area of the breast distal to the shield. If the infant is only on the tip of the shield little or no movement will be visible while baby is sucking.

For pictures to see how to apply a nipple shield, go to this link and scroll down:  
<http://www.medelabreastfeedingus.com/tips-and-solutions/112/nipple-shields>

## **What follow up is needed?**

For each breastfeeding challenge, several paths may result in successful breastfeeding. Follow-up is the key to any lactation strategy and should include:

- Ensuring that the baby is gaining weight
- Assessment and evaluation of mom's breast and overall comfort level
- Assessment that mom is satisfied with the plan
- Assessment of milk supply and introduction of a breast pump to maintain a full milk supply when needed.

## **Reminder:**

*Practitioners who do not have the capacity i.e., lactation experience or time, to continue to support the breastfeeding dyad appropriately should refer the mother to a lactation expert. The baby's weight gain and the mother's milk supply need to be monitored closely. There must be a comprehensive plan that includes periodic reassessment of the infant's intake of breast milk, plus a plan for re-establishment of feeding at the mother's breast. (Toronto Protocols #4 page 44)*

For successful transition between delivery sites and community, proper communication is critical. This is achieved with thorough documentation on post partum referral forms, the forwarding of progress notes and feeding plans as well as direct calls to the Public Health Nurses for feeding plan discussion if needed.

## References

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